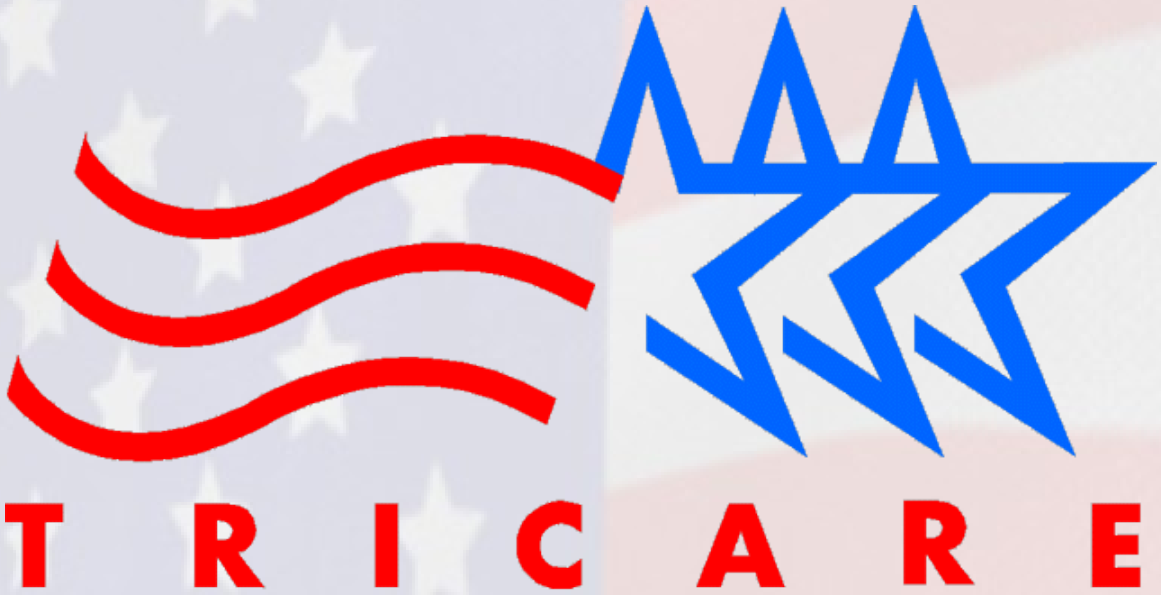
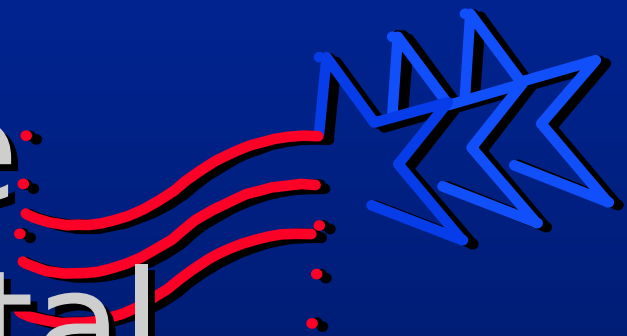


2000

“Focus on Performance”

TRICARE Prime Remote & Supplemental Health Care Programs



TRICARE Conference
31 Jan - 3 Feb 2000

Major Tony Lonigro
LT Mike Reagan
TRICARE Management Activity
Washington, DC

TRICARE

TRICARE Prime Remote

- Background
- Active Duty Service Members Program
- Issues on the Horizon
- Conclusions

Background

- Goal: Provide Prime Benefit to Service Members and Families in Remote Sites
- Two Elements:
  - Service Members - 1 Oct 99
  - Family Members - FY 01
- Amended All Contracts Nationally for Implementation

Legislative Background

- Section 731
  - Active Duty Service Members
    - Must Live **and** Work More Than 50 Miles from an MTF
- Section 712
  - Active Duty Families
    - Submit a Plan That Provides Alternatives for Families in Remote Sites with No Networks

Active Duty Program Benefits Medical

- ADSMs Will Be Enrolled
  - And Provided Access to Civilian Providers for Primary Care without Pre-authorization
    - » Prime Services Areas: Enrolled to Network PCM
    - » Non-Prime Area: Enrolled to Network PCM if available, otherwise Any TRICARE Provider
- Specialty Care Services
  - Utilize the Health Care Finder
  - Tri-Service Office (MMSO) Reviews for “Fitness for Duty” Determination:
    - » If Yes, Referred to Military Facility
    - » If No, Local Care Authorized

Active Duty Program Benefits Dental

- Pre-authorization Not Required for Routine Dental Care When Treatment Under $500 or Under $1500 Yearly Maximum
- Extensive services require pre-authorization by SPOC at MMSO
  - Extensive services may be referred to the MTF
- Dental Claims Are Filed with MMSO
- Dental Questions?
  - Contact MMSO 1-888-647-6676 (1-888-MHS-MMSO)

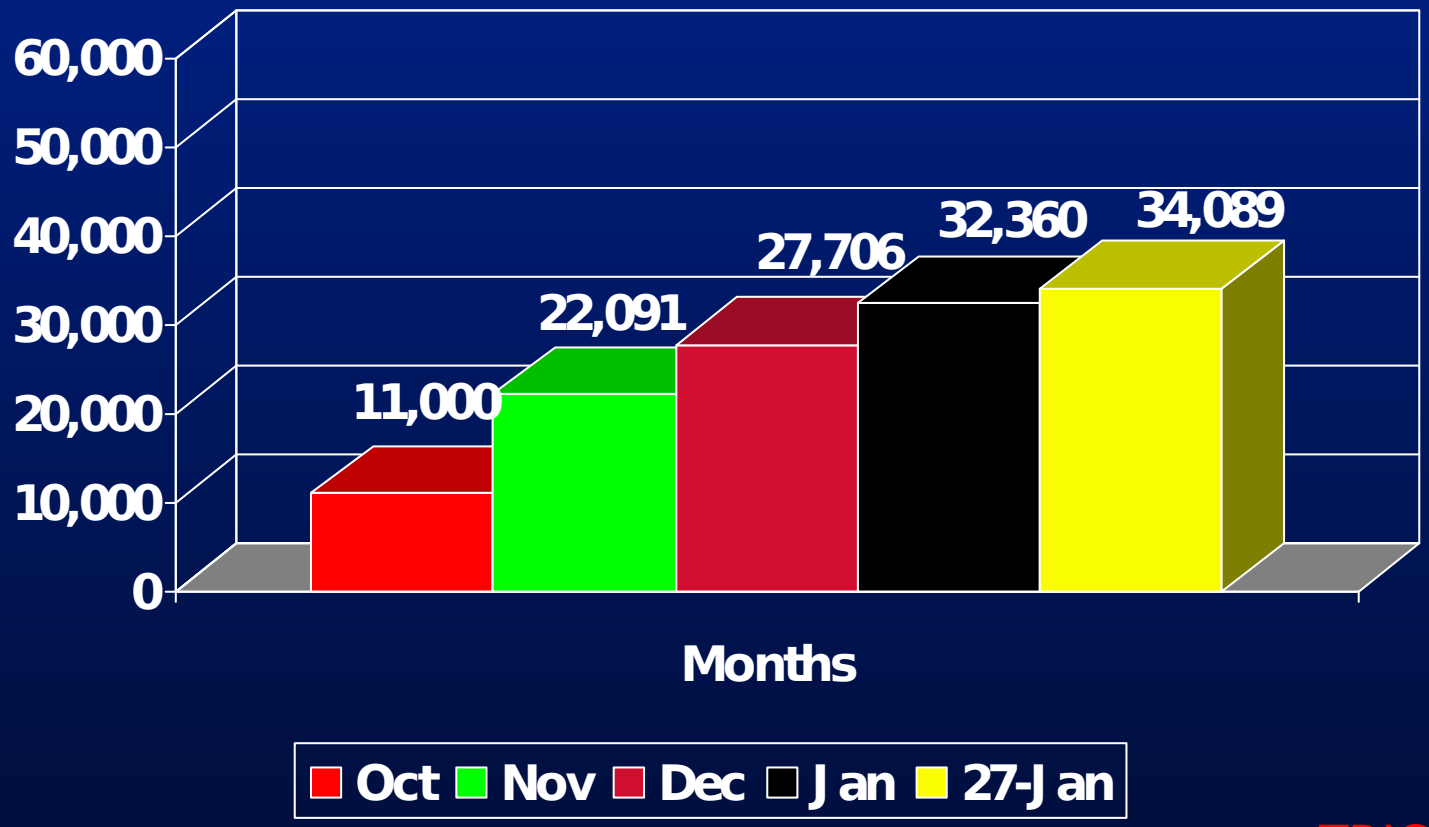
Beneficiary Education

- National Materials (TMA-Produced)
  - TPR Brochure
  - TPR Handbook (“***Remote Controller***”)
    - Region Specific Information
  - Web Site (www.tricare.osd.mil/remote)

Claims Processing

- Burden on MMSO/SPOC to Approve Requests in a Timely Manner
  - Reply to HCF in 48 Hrs or Automatic Approval
- Protection from Non-Participating Providers
  - Reimburse Member for “Out-of-Pocket” Costs
- SPOC Can Approve Non-Covered Services

TPR Enrollment
(as of January 27th)



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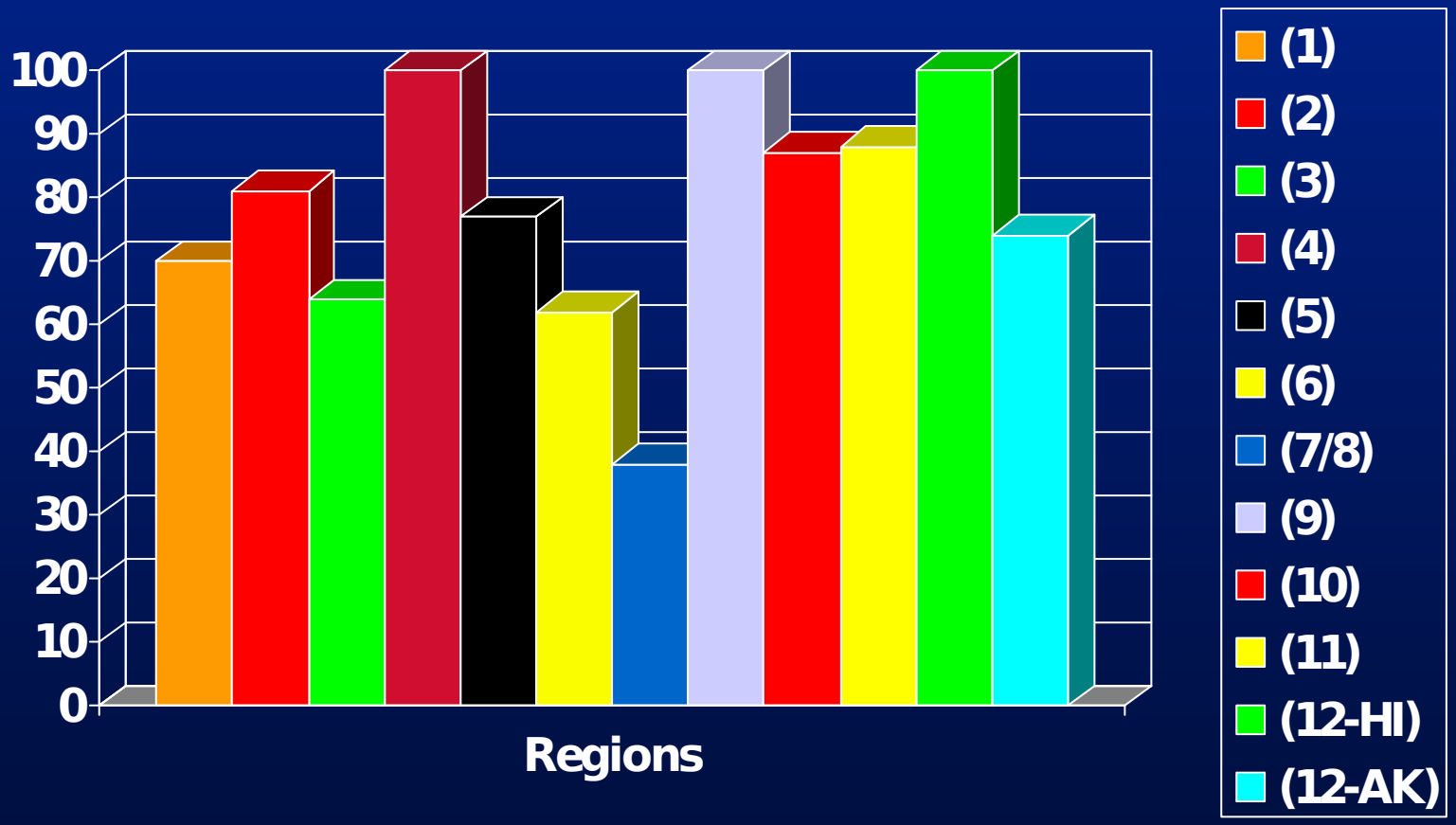
TPR Enrollment
(% By Region)



TPR Enrollment
(% Enrolled by Region)

Region	Enrolled	TPR Pop	%
Overall	34,089	51,313	66%
1	4,835	6,900	70
2	1,934	2,400	81
3	1,479	2,320	64
4	3,705	3,705	100
5	8,702	11,303	77
6	3,727	6,000	62

TPR Enrollment
(% Enrolled by Region)

Region	Enrolled	TPR Pop	%
Central	5,191	13,600	38
9	540	540	100
10	967	1,110	87
11	2,473	2,800	88
Hawaii	261	261	100
Alaska	275	374	74

Issue

- Unit/Member Identification & Enrollment
  - Over 51,000 Personnel Identified
  - Need Close Cooperation Between Units, Lead Agents, and MCSCs to Ensure All Eligibles Are Enrolled

Issue

- "Up-Front" Payment by Service Members
  - TPR Seeks to Minimize That Event
  - If Member Does Pay, Reimbursement will Flow Quickly and for Full Amount of Bill
  - Have MCSCs Negotiate Rates With Non-participating Providers
    - Draft Modifications Underway
  - Permit Direct Payment of Non-par Providers
    - Remove Service Member from Payment Loop

Issue

- ADSM Use of USFHP Providers
  - Policy Being Drafted
    - Will Likely be Implemented in Two Phases
    - Long Term Goal to Provide Full Choice to ADSMs
- Impact on TPR: Only 5,270 Eligible

Issue

- Expansion to Family Members
  - Report Sent to Congress
  - Recommended Extending TRICARE Co-pays
  - Fully Supported by DMOC
  - Requires Legislation

Conclusions

- Significant QOL issue for Remotely Assigned Personnel
  - TPR is Off to a Good Start
  - Health Care Access for Enrollees is Better!
  - TPR For Active Duty Only Solved "Part" of the Problem: Many Service Members Consider Their Family Costs to be More Critical
- Need to Execute with Consistent, National Benefit

Supplemental Health Care Program (SHCP)

Overview

- SHCP Mods took effect on 1 October 1999
  - MTF Referred Care (for eligible benes)
  - Non-Referred Care (emergency care for active duty)
- Does not include members enrolled in TRICARE Prime Remote (also implemented 1 October 1999)
- Addressed in Chapters 9 & 10, OPM, Part Three

Primary Intent of Mods

- Establishes provider network (including Resource Sharing providers) as primary source for Supplemental Care referrals
- Transfers claims payment responsibility to the Managed Care Support Contractor

Issues

- Role of the HCF
- Non-participating providers
  - Exception to CMAC reimbursement policy
  - Paying providers directly
- Ambulance claims
- MTF after-hours availability
- Reports

Issue

- Role of HCF
  - Collecting input on interpretation
  - Submitted to the Contracts Change Management Board, 20 Jan 2000
  - Would standardize the HCF role nationwide

Issue

- Non-Participating Providers
  - Exception to CMAC reimbursement policy
    - MTF referred care, some previously paid higher than current CMAC or paid billed charges
    - Provides process to utilize current authority (Ch. 9 Sec III.E.3. & 4.)
    - MTF or contractor to negotiate between CMAC and billed charges
    - Waiver may apply to specific patient/provider or range of CPTs/services
  - Payment directly to provider for ADSM

Issue

- Ambulance claims
  - ADSM: covered by SHCP
  - NAD inpatient: covered by SHCP
  - NAD outpatient: applicable TRICARE copay/deductible
  - Clarification forthcoming in new change

Issue

- PCM availability on a 24/7 basis
  - Memo out to the SGs 2 Dec 99
  - Current status and compliance with HA 97-028
  - Last survey Feb 97, showed 34% of MTFs providing after hours access
  - Large volume of calls going to MMSO from MTF enrollees needing after hours care
  - Results will be distributed to SGs
  - Links to HCF as backup

Issue

- Reports
  - Not everyone is receiving their reports
  - Systemic problems with delivering the reports
  - Would like MTFs and others who are not receiving their reports to let TMA know via their chain of command
  - Can’t write a report card on the SHCP if everyone is unable to analyze the reports

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